## Office of Statewide Health Planning and Development Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per Section 130061(e)										
Facility Number:	11159									
Facility Name:	Community Memorial Hospital - San Buenaventura									
Address:	7 N. Brent Street									
City:	Ventura									
Hospital Owner/Licensee: Community Memorial Hospital of San Buenaventura										
Year of Re	porting: 2014									
Contact 1 e-mail A	ddress:									
Contact 2 e-mail A	ddress:									
Contact 3 e-mail Ac	ddress::									
Name of Sul	bmitter: John Oden									
Submissio	n Date: 12/15/2014 3:06:16 PM									

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00585	Goodyear Wing	147 N. Brent Street	Rebuild	SPC5	01/01/2018	03/01/2017
BLD- 00586	Main Building & Additions	147 N. Brent Street	Rebuild	SPC5	01/01/2018	03/01/2017
BLD- 00587	Gift Shop	147 N. Brent Street	Rebuild	SPC5	01/01/2018	03/01/2017
BLD- 00588	West Wing & Addition	147 N. Brent Street	Rebuild	SPC5	01/01/2018	03/01/2017

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura

Main Building & Additions

Building No: BLD-00586

Ventura

Retrofit/Replacement

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Yes-Submitted

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-00585 Goodyear Wing Retrofit/Replacement Yes-Submitted Project: Facility Project Sub Plan **Project** CEQA Number Number Num Scope Approved Start Date Complete Review Date In Status Date 11159 IS082255-0 0 SB 1661: NEW SIX STORY HOSPITAL 12/18/2008 08/18/2011 ACTI No WITH BASEMENT 12:00:00 AM

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

					Project:				_
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11159	IS082255-0	0	SB 1661: NEW SIX STORY HOSPITAL WITH BASEMENT	12/18/2008 12:00:00 AM		08/08/2011	01/01/2013	ACTI	No

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Yes-Submitted

Yes-Submitted

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

BLD-00587 Gift Shop Retrofit/Replacement Building No: Project: **CEQA** Facility Project Plan Project Sub Num Scope Approved Number Number Complete Review Date In Start Date Status Date d 11159 IS082255-0 0 SB 1661: NEW SIX STORY HOSPITAL 12/18/2008 08/08/2011 01/01/2013 ACTI No WITH BASEMENT 12:00:00

AM

Retrofit/Replacement

Project:

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

**Building No:** 

BLD-00588

West Wing & Addition

					1 10,001.				
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11159	IS082255-0	0	SB 1661: NEW SIX STORY HOSPITAL WITH BASEMENT	12/18/2008 12:00:00 AM		08/18/2011	01/01/2013	ACTI	No

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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 130061	1(c)(1)(F)
Building Number: BL	.D-00585	Building Name: Go	oodyear Wing	
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	18 Inpatient 1493 Days	Surgical	X Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	10 Inpatient Days 2513	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery
	Beds	Total Beds this Building 28	X Obstetrical Cesarean/Deliv	Central Plant

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Provi	de the number of	inpatient bed	s and pa	tient days per ty	pe of servic	e per building pe	r Section 13006	1(c)(1)(F	7)	
		D-00586		Building Na	me:	Main Building &	Additions			
<u>Type</u>	of Service Prov	<u>ided</u>				•				
X	Nursing	Inpatient Beds	157	Inpatient Days	26874	X Surg	gical		Obstetrical Recovery	
	IntensiveCare	Inpatient Beds	0	Inpatient Days	0	X Anes	sthesia		Newborn/ WellBaby	
X	Pediatric/Adol escent	Inpatient Beds	5	Inpatient Days	382	Clinic	cal Lab		Emergency	,
	Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	3 0	X Radi Imag	ological/ jing		Nuclear Medicine	
X	Obstetrical Ante/Postprtum	Inpatient Beds	0	Inpatient Days	2536	Neter X Diete	maceutical		Rehabilitati Therapy	on
	Intermediate Care	Inpatient Beds	0	Inpatient Days	s 0		inistration		Renal Dialy	vsis
	Skilled Nursing	Inpatient Beds	0	Inpatient Days	s 0	X Supp Serv	ices	X	Outpatient Surgery	
		Dodd	Total B Building	eds this	162		etrical arean/Deliv	X	Central Pla	nt

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Provide th	ne number of	inpatient bed	s and pat	ient days per t	ype of service	per building per	r Section 130061(	c)(1)(F)	
_	Number: BLI			Building N	ame:	Gift Shop			
Type or s	service Prov	<u>iaea</u>				I —			
∐ Nur	sing	Inpatient Beds	0	Inpatient Days	0	Surg	ical	Obstet Recove	
Inte	nsiveCare	Inpatient Beds	0	Inpatient Days	0	Anes	thesia	Newbo WellBa	
Ped esce	liatric/Adol ent	Inpatient Beds	0	Inpatient Day	vs 0	Clinic	cal Lab	Emerg	ency
Psy-	chiatric sing	Inpatient Beds	0	Inpatient Day	vs 0	Radio	ological/ ing	Nuclea Medicii	
	stetrical e/Postprtum	Inpatient Beds	0	Inpatient Day	vs 0	Pharr X Diete	maceutical	Rehabi Therap	
Inte Care	rmediate e	Inpatient Beds	0	Inpatient Day	vs 0	Admi	inistration	Renal	Dialysis
Skill	led Nursing	Inpatient Beds	0	Inpatient Day	vs 0	Servi	ces	Surger	
			Total Be Building		0		etrical rean/Deliv	Centra	l Plant

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Provide the number of inp	patient beds and pat	ient days per type of serv	ice per building per	Section 130061(c)(1)(	F)	
Building Number: BLD-(		Building Name:	West Wing & Ad	Idition		
Type of Service Provide	<u>ed</u>					
	npatient 0 Beds	Inpatient 0 Days	Surg	ical	Obstetrical Recovery	
	npatient 21 Beds	Inpatient Days 4955	Anes	thesia	Newborn/ WellBaby	
	npatient 0	Inpatient Days 0	X Clinic	cal Lab X	Emergency	
	npatient 0	Inpatient Days 0	Radio	ological/ ing	Nuclear Medicine	
	npatient 0	Inpatient Days 0	Pharr	maceutical tic	Rehabilitation Therapy	on
	npatient 0	Inpatient Days 0		nistration	Renal Dialys	sis
	npatient 0	Inpatient Days 0	X Supp Servi	ces	Outpatient Surgery	
_	Total Be Building		Obste 1 Cesa	rean/Deliv	Central Plar	nt

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Provide the number of inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)										
Building Number:	BLD-00585 <b>Buil</b>	ding Name: Goo	dyear Wing							
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric						
Inpatient 18 Bed	Inpatient 1493 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing						
Inpatient 10 Bed	Inpatient 2513 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Pediatric		intensive Care New	wborn	Intermediate Card						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Intensive Care		Rehabilitation Center		Int. Care / development Disabled						
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days					
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	28	28					

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:10 of 66 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00586 Main Building & Additions **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 157 Inpatient 2687 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient 2536 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient 382 Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 162 Inpatient Inpatient Inpatient 162 Days Days Bed Bed

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:11 of 66 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00587 Gift Shop **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 0 Inpatient Inpatient Inpatient ol Days Days Bed Bed

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:12 of 66 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00588 West Wing & Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed intensive Care Newborn **Pediatric Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient 2114 Inpatient 10 Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service 21 2841 Inpatient 21 Inpatient 11 Inpatient Inpatient Days Days Bed Bed

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt			
BLD-00585	Goodyear Wing	Rebuild			
BLD-00586	Main Building & Additions	Rebuild			
BLD-00587	Gift Shop	Rebuild			
BLD-00588	West Wing & Addition	Rebuild			
BLD-00589	South Wing	Remain			
BLD-00590	North Wing & OB/Gyn Addition	Remain			
BLD-00591	Ambulatory Surgery & OB/Gyn Addition	Remain			
BLD-00592	E.R. Addition	Remain			
BLD-00593	Emergency Generator Building	Remain			
BLD-03250	E.R. Addition Bridge	Remain			
BLD-03251	Service Building	Remain			
BLD-03252	Bridge Addition	Remain			
BLD-03253	Brent Street Bridge	Remain			

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List ALL proposed new buildings to be constructed at this or another site.

Building Building Name New Site

N\_1 Replcmt (IS082255-0)

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)											
Building Number: BLD-00585 Goodyear Wing Removal Date:											
Planned	Uses for the building	ng to be remo	oved from acute care servi	ce:							
Planned	Planned Uses for the building to be removed from acute care service:  Planned use for building:										
Inpatient  X  X  X  X	Services currently  Nursing IntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate Care  Skilled Nursing	delivered in the	he building: Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical Dietetic Administration	X X	Obstetrical Cesarean/Deliv  Obstetrical Recovery  Newborn/ WellBaby  Emergency  Nuclear Medicine	Thera Rena Outpa	I Dialysis atient ery ral Plant				

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)										
Building Number: BLD-00586 Main Building & Additions Removal Date:										
Planned l	Uses for the building to	be remo	ved from acute care service:							
Planned	Planned use for building:									
Inpatient	services currently delive	ered in th	ne building:							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		habilitation erapy			
	IntensiveCare	X	Anesthesia		Obstetrical	Пв	nal Dialysis			
X	Pediatric/Adol escent		Clinical Lab	Ш	Recovery		ilai Diaiysis			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery			
X	Obstetrical Ante/Postprtum		Pharmaceutical		·		entral Plant			
	Intermediate Care	X	Dietetic	Ш	Emergency	□ се	entrai Piant			
	Skilled Nursing	X	Administration		Nuclear Medicine		pport rvices			

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)								
Building N	Building Number: BLD-00587 Gift Shop Removal Date:							
Planned l	Jses for the building to be	e remov	ved from acute care service:					
Planned	use for building:							
<u>Inpatient</u> :	services currently deliver	ed in th	e building:					
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare Pediatric/Adol		Anesthesia Clinical Lab		Obstetrical		Renal Dialysis	3
Ш	escent	Ш	Cillical Lab		Recovery	_		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care	X	Dietetic					
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services	

Report Ye	ear: 2014 11159	Co	mmunity Memorial Hospital -	San Bu	uenaventura Ventura			Page:18 of 66
For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)								
Building N	Number: BLD-00588		West Wing & Addition	on	Removal Date:		03/01/2017	]
Planned l	Jses for the building to b	e remov	ved from acute care service:					
Planned	use for building:							
<u>Inpatient</u> :	services currently deliver	ed in th	e building:	_		_		
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab	Ш	Recovery	Ш	Keriai Diaiysis	•
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical	X	·		Central Plant	
	Intermediate Care		Dietetic		Emergency	_	Ochtrar i lant	
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services	

Community Memorial Hospital - San Buenaventura Report Year: 2014 11159 Ventura Page:19 of 66 No data reported for Section 130061(c)(2)(D).

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corr building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	responding
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Nursing  N/A	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any correlation building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	responding
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Obstetrical Ante Postprtum  BLD-00585  Building Name: Goodyear Wing  Roodyear Wing  N/A	
Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any cord building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)	
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Support Services  N/A  Support Services	

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	ces and beds will be relocated to a new, existing with a Building Resolution of "Rebuild" or "Re		
Building Namber:  Will general acute care services and beds wind Cesarean/Deliv  BLD-00585  Building Namber:  N/A	In be relocated to a new, Existing or retrofitted	building?	
	ces and beds will be relocated to a new, existing with a Building Resolution of "Rebuild" or "Re		
Building Number:  Will general acute care services and beds will Destetrical Recovery  N/A	Il be relocated to a new, Existing or retrofitted	building?	
	ces and beds will be relocated to a new, existing with a Building Resolution of "Rebuild" or "Re		
Building Namber:  Will general acute care services and beds will Newborn/Well Baby N/A	In be relocated to a new, Existing or retrofitted	building?	

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		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		
Number:	D-00585 Building Name: e services and beds will be	Goodyear Wing relocated to a new, Existing or retrofitted	building?	
Report whether the go building sites or project	eneral acute care services a ct numbers for buildings with	nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re	ng or retrofitted building and any co eplace" per Section 130061(c)(2)(E	rresponding )
Number: Will general acute car Perinatal (exclude Newborn / GYN))	N/A	Goodyear Wing relocated to a new, Existing or retrofitted		
		nd beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		
Number:	D-00586 Building Name: e services and beds will be	Main Building & Additions relocated to a new, Existing or retrofitted	building?	

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Report whether the general acute care services ar building sites or project numbers for buildings with			
Building Number:  BLD-00586 Building Name:  Will general acute care services and beds will be r	Main Building & Additions	building?	
Pediatric Adolescent N/A			
Report whether the general acute care services ar building sites or project numbers for buildings with			
Building Number:  Will general acute care services and beds will be r  Obstetrical Ante Postprtum	Main Building & Additions relocated to a new, Existing or retrofitted	building?	
Report whether the general acute care services ar building sites or project numbers for buildings with			
Building Number:  Will general acute care services and beds will be r  Surgical N/A	Main Building & Additions elocated to a new, Existing or retrofitted	building?	

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Report whether the general acute care services and building sites or project numbers for buildings with a			responding
Building Name: Number: Will general acute care services and beds will be real.  Anesthesia  N/A	Main Building & Additions  elocated to a new, Existing or retrofitted to	building?	
Report whether the general acute care services and building sites or project numbers for buildings with a			responding
Building Name:  Number:  Will general acute care services and beds will be reconstructed by the services are services and beds will be reconstructed by the services are services and beds will be reconstructed by the services are services and beds will be reconstructed by the services are services and beds will be reconstructed by the services are services and beds will be reconstructed by the services are services as the services are services are services as the services	Main Building & Additions  elocated to a new, Existing or retrofitted by	building?	
Report whether the general acute care services and building sites or project numbers for buildings with a			responding
Building Name: Number: Will general acute care services and beds will be red Dietetic  N/A	Main Building & Additions elocated to a new, Existing or retrofitted to	building?	

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Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R	ng or retrofitted building and any cor eplace" per Section 130061(c)(2)(E)	responding
Building Name: Main Building & Additions Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted  Administration  N/A	building?	
Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R		responding
Building Name: Main Building & Additions Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted  Support Services  N/A	building?	
Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R		responding
Building Name: Main Building & Additions Number:		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted  OutpatientSurgery  N/A	building?	

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		d beds will be relocated to a new, existir a Building Resolution of "Rebuild" or "Re		
Building Number:  Will general acute care service  CentralPlant N/A	] ,	Main Building & Additions elocated to a new, Existing or retrofitted	building?	
		d beds will be relocated to a new, existing a Building Resolution of "Rebuild" or "Re		
Medical/Surgical (Include GYN)	es and beds will be re	Main Building & Additions elocated to a new, Existing or retrofitted		
		d beds will be relocated to a new, existir a Building Resolution of "Rebuild" or "Re		
Building Number:  Will general acute care service  Pediatric  N/A	] ~	Main Building & Additions elocated to a new, Existing or retrofitted	building?	

Report Year: 2014 11159 Community	/ Memorial Hospital - San Buenaventura	Ventura	Page:28 of 66
Report whether the general acute care services a building sites or project numbers for buildings with			
Building Number: BLD-00587 Building Name:	Gift Shop		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitted	building?	
Dietetic N/A			
Report whether the general acute care services a building sites or project numbers for buildings with			
Building Number: BLD-00587 Building Name:	Gift Shop		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitted	building?	
Support Services N/A			
Report whether the general acute care services a building sites or project numbers for buildings with			
Building Number: BLD-00588 Building Name:	West Wing & Addition		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitted	building?	
Intensive Care N/A			

Report Year: 2014 11159 Community	Memorial Hospital - San Buenaventura	Ventura	Page:29 of 66
Report whether the general acute care services a building sites or project numbers for buildings with			
Building Number:  BLD-00588 Building Name:  Will general acute care services and beds will be	West Wing & Addition	building?	
ClinicalLab N/A	LAISTING OF TOTAL CONTROL	ounding.	
Report whether the general acute care services a building sites or project numbers for buildings with			
Building Number:  BLD-00588 Building Name:  Will general acute care services and beds will be	West Wing & Addition	huilding?	
Support Services N/A	relocated to a new, Existing of renomined	bulluling:	
Report whether the general acute care services a building sites or project numbers for buildings with			
Building Number: BLD-00588 Building Name:	West Wing & Addition		
Will general acute care services and beds will be	relocated to a new, Existing or retrofitted	building?	
Emergency N/A			

Report Year: 20	014 11159 Community	Memorial Hospital - San Buenaventura	Ventura	Page:30 of 66
		nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re		responding
Number:	BLD-00588 Building Name:  care services and beds will be r	West Wing & Addition relocated to a new, Existing or retrofitted I	building?	
		nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re		responding
Number:	BLD-00588 Building Name:  care services and beds will be r	West Wing & Addition relocated to a new, Existing or retrofitted by	building?	
		nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re		responding
Number:	BLD-00588 Building Name:  care services and beds will be r	West Wing & Addition relocated to a new, Existing or retrofitted I	building?	

Community Memorial Hospital - San Buenaventura Report Year: 2014 11159 Ventura Page:31 of 66 No data reported for Section 130061(c)(3).

ding Number:	BLD-00585 Buildin	ng Name: G	oodyear Wing				
Type of Service	e Provided		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare		Clinical Lab	X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Radiological/	X	Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing		Imaging  Pharmaceutical		Emergency		Central Plant
X	Obstetrical Ante/Postprtum		r namaddaidai		Nuclear	□  X	Support
	·		Dietetic		Medicine		Services
	Intermediate Care		Administration				
	Skilled Nursing						

port any general Section 130061			nat is provided in any ain Building & Additio	acute care hospital	building t	hat is rated SPC-1	_
Type of Service	Provided						
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	Nursing	X	Anesthesia			5 1511	
	IntensiveCare			Obstetrical Recovery		Renal Dialysis	
X	Pediatric/Adol escent		Clinical Lab	Newborn/	X	Outpatient Surgery	
	Psychiatric	X	Radiological/ Imaging	 WellBaby			
	Nursing		Pharmaceutical	Emergency	Х	Central Plant	
X	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration				
	Skilled Nursing						

Type of Service	Provided							
			Curainal		Obatatrical		Rehabilitation	
			Surgical	Ш	Obstetrical Cesarean/Deliv		Therapy	
	Nursing		Anesthesia					
	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol		Clinical Lab		Receivery		Outrations.	
	escent				Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
Ш	Nursing		Pharmaceutical		Emergency		Central Plant	
	Obstetrical				Nuclear		Support	
	Ante/Postprtum	X	Dietetic	Ш	Medicine	X	Services	
	Intermediate							
	Care		Administration					
	Skilled Nursing							
	- ···· - · · · · · · · · · · · · · · ·	•						

eport any general r Section 130061	acute care hospit	·	nat is provided in any			building t	Page:35 of 6 hat is rated SPC-1	6
ilding Number:	BLD-00588	Building Name: W	est Wing & Addition					
Type of Service	Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				Ranal Dialysia	
X	IntensiveCare	X	Olinian I I ali		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric		Radiological/ Imaging		WellBaby			
_	Nursing		Pharmaceutical	Х	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care		Administration					
	Skilled Nursing							

Report Year: 2014 11159	Community Memorial Hospital - Sa	n Buenaventura Ventura	Page:36 of 66							
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number: BLD-00585 Building Name: Goodyear Wing										
Configuration: Remove from GAC service by 1/1/2020										
Type of Service Provided										
X Nursing	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy							
IntensiveCare	Anesthesia	X Obstetrical Recovery	Renal Dialysis							
Pediatric/Adol escent	Clinical Lab	Recovery								
Psychiatric Nursing	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery							
X Obstetrical	Pharmaceutical									
Ante/Postprtum		Emergency	Central Plant							
Intermediate	Dietetic	_	<u></u>							
Care		Nuclear Medicine	X Support Services							
Skilled Nursing	Administration									

Report Year:	2014 11159 C	Community N	lemorial Hospital - San I	Buenave	entura Ventura		Page:37 of 66
Report the final requirements w per Section 130	hether by retrofit or by r	dings on the eplacement	hospital campus showin and the type of service t	ig how e that will l	ach building will comply be provided in each gei	y with the SPC-5 neral actue care	/NPC-4 or 5 hospital building
Building Number	er: BLD-00586	Building Na	me: Main Building & A	dditions			
Configuration:	Remove from GAC	service by	1/1/2020				
Type of Serv	vice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		ehabilitation erapy
	IntensiveCare	X	Anesthesia		Obstetrical Recovery	Re	enal Dialysis
X	Pediatric/Adol escent		Clinical Lab		Receivery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient Irgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X Ce	entral Plant
	Intermediate Care	X	Dietetic		Nuclear Medicine	x s	upport
	Skilled Nursing	X	Administration		Nuclear Medicine	S S	ervices

Report Year:	2014 11159 0	community N	lemorial Hospital - San	Buenave	entura Ventura		Page:38 of 66
Report the final requirements who per Section 130	configuration of all build hether by retrofit or by r 0061(c)(5)	lings on the eplacement	hospital campus showi and the type of service	ng how e that will l	ach building will comply be provided in each gen	with the SPC-5/ neral actue care h	NPC-4 or 5 nospital building
Building Numbe	er: BLD-00587	Building Na	me: Gift Shop				
Configuration:	Remove from GAC	service by	1/1/2020				
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
	IntensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		tpatient gery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	☐ Ce	ntral Plant
	Intermediate		Dietetic		. ,		
	Care Skilled Nursing		Administration		Nuclear Medicine		pport prvices

Report Year: 2014	Community M	1emorial Hospital - San B	uenave	ntura Ventura		Page:39 of 66
				ach building will comply wit be provided in each genera		
Building Number: BLD-0	00588 Building Na	me: West Wing & Addit	ion			
Configuration: Remo	ove from GAC service by	1/1/2020				
Type of Service Provi	ded					
Nursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
X Intensive	Care	Anesthesia		Obstetrical Recovery	R	enal Dialysis
Pediatric/ escent	/Adol X	Clinical Lab		Recovery		
Psychiatr Nursing	ic	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
Obstetrica		Pharmaceutical				
Ante/Posi	ipitum		X	Emergency	X C	entral Plant
Intermedi Care	ate	Dietetic		Nuclear Medicine		Support
Skilled Nu	ursing	Administration			5	Services

eport Year: 20	11159 Co	mmunity N	lemorial Hospital - Sar	Buenave	entura Ventura		Page:40 of 66
	ner by retrofit or by re				ach building will comply be provided in each gene		
uilding Number:	BLD-00589 E	Building Na	me: South Wing				
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing	Х	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum	X	Pharmaceutical				
All	te/i ostpitum		D'atat's		Emergency		Central Plant
Into Ca	ermediate ire		Dietetic	X	Nuclear Medicine	X	Support
Sk	illed Nursing		Administration				Services

Report Year:	2014 11159	Community N	Memorial Hospital - San	Buenave	entura Ventura		Page:41 of 66
Report the fin requirements per Section 1	nal configuration of all bui whether by retrofit or by 30061(c)(5)	ldings on the replacement	hospital campus showir and the type of service	ng how e that will	ach building will comply be provided in each gene	with the SPC- eral actue care	5/NPC-4 or 5 hospital building
Building Num	ber: BLD-00590	Building Na	me: North Wing & OB	/Gyn Add	dition		
Configuration	on: N/A						
Type of Se	ervice Provided						
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical Recovery	F	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Gurgery
X	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	x :	Support
	Skilled Nursing		Administration		Tradical Micalollic		Services

Report Year:	2014 11159	Community N	Memorial Hospital - San	Buenave	entura Ventura		Page:42 of 66
Report the fina requirements per Section 13	whether by retrofit or by	ildings on the replacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply be provided in each gen	with the SPC-5 eral actue care	/NPC-4 or 5 hospital building
Building Numb	per: BLD-00591	Building Na	me: Ambulatory Surge	ery & OB	/Gyn Addition		
Configuration	n: N/A						
Type of Se	rvice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy
	IntensiveCare	X	Anesthesia	X	Obstetrical Recovery	Re	enal Dialysis
	Pediatric/Adol escent		Clinical Lab		Receivery		
	Psychiatric Nursing		Radiological/ Imaging	Х	Newborn/ WellBaby		utpatient Irgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Ce	entral Plant
	Intermediate Care		Dietetic		Nivelees Medicine		
	Skilled Nursing		Administration		Nuclear Medicine	X S	upport ervices

Report Year: 2014 11159	Community Memorial Hospital - Sa	an Buenaventura Ventura	Page:43 of 66
Report the final configuration of all b requirements whether by retrofit or b per Section 130061(c)(5)	uildings on the hospital campus shown replacement and the type of services.	wing how each building will comply be that will be provided in each gen	with the SPC-5/NPC-4 or 5 eral actue care hospital building
Building Number: BLD-00592	Building Name: E.R. Addition		
Configuration: N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical	Pharmaceutical	_	
Ante/Postprtum		X Emergency	Central Plant
Intermediate Care	Dietetic	Nuclear Medicine	X Support
Skilled Nursing	Administration		Services

2014 11159	Community N	Memorial Hospital - Sar	Buenave	entura Ventura		Page:44 of 66
: BLD-00593	Building Na	me: Emergency Gen	erator Bui	lding		
N/A						
ce Provided						
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum		Pharmaceutical		Emorgonov	abla	Central Plant
Intermediate		Dietetic	_	Lineigency	<u></u>	Contrain lant
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	configuration of all builtether by retrofit or by 161(c)(5)  : BLD-00593  N/A  ce Provided  Nursing  IntensiveCare  Pediatric/Adolescent  Psychiatric Nursing  Obstetrical Ante/Postprtum	configuration of all buildings on the ether by retrofit or by replacement 161(c)(5)  : BLD-00593 Building Na  N/A  ce Provided  Nursing IntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate	configuration of all buildings on the hospital campus show ether by retrofit or by replacement and the type of service (61(c)(5)  : BLD-00593	configuration of all buildings on the hospital campus showing how either by retrofit or by replacement and the type of service that will left(c)(5)  : BLD-00593	configuration of all buildings on the hospital campus showing how each building will comply either by retrofit or by replacement and the type of service that will be provided in each gen (61 (c) (5)    BLD-00593	configuration of all buildings on the hospital campus showing how each building will comply with the SF ether by retrofit or by replacement and the type of service that will be provided in each general actue of 161 (c)(5)    BLD-00593

port Year:	2014 11159	Community N	Memorial Hospital - Sai	n Buenave	entura Ventura	Page:45 of 66
	hether by retrofit or by				ach building will comply be provided in each geno	
uilding Numbe	er: BLD-03250	Building Na	me: E.R. Addition Br	idge		
Configuration:	N/A					
Type of Serv	rice Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emorgonov	Central Plant
	Intermediate		Dietetic		Emergency	Central Plant
	Care		Administration		Nuclear Medicine	Support Services
	Skilled Nursing					

port Year: 2014 11	159 Community	Memorial Hospital - Sai	n Buenaventura	Ventura		Page:46 of 66
eport the final configuration equirements whether by retreat Section 130061(c)(5)						
uilding Number: BLD-032	251 Building N	ame: Service Building				
Configuration: N/A						
Type of Service Provided	ı					
Nursing		Surgical	Obste Cesa	etrical rean/Deliv	Reha Thera	bilitation apy
IntensiveCa	е	Anesthesia	Obste Reco		Rena	ıl Dialysis
Pediatric/Ad escent	ol 🗆	Clinical Lab	Veco	very		
Psychiatric Nursing		Radiological/ Imaging	Newb WellE		Outpa Surge	atient ery
Obstetrical Ante/Postprt	um	Pharmaceutical			X Centi	al Plant
Intermediate		Dietetic	Erner	gency	Z Centi	ai Plant
Care		Administration	Nucle	ear Medicine	Supp Serv	
Skilled Nursi	ng					

Report Year: 2014 11159	Community Memorial Hospital - Sa	an Buenaventura Ventura	Page:47 of 66
Report the final configuration of all be requirements whether by retrofit or leading per Section 130061(c)(5)	buildings on the hospital campus sho by replacement and the type of servic	wing how each building will comply ce that will be provided in each gen	with the SPC-5/NPC-4 or 5 eral actue care hospital building
Building Number: BLD-03252	Building Name: Bridge Addition	1	
Configuration: N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Necovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic		
Care Skilled Nursing	Administration	Nuclear Medicine	X Support Services
	'		

2014 11159	Community N	Memorial Hospital - Sai	n Buenave	entura Ventura		Page:48 of 66
r: BLD-03253	Building Na	me: Brent Street Brid	lge			
N/A						
rice Provided						
Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
Pediatric/Adol escent		Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
Intermediate		Dietetic	_	Emergency		Central Flant
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	configuration of all buinether by retrofit or by 061(c)(5)  r: BLD-03253  N/A  ice Provided  Nursing  IntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum	configuration of all buildings on the nether by retrofit or by replacement 061(c)(5)  r: BLD-03253 Building Na N/A  ice Provided  Nursing  IntensiveCare  Pediatric/Adol escent  Psychiatric Nursing  Obstetrical Ante/Postprtum  Intermediate	configuration of all buildings on the hospital campus shownether by retrofit or by replacement and the type of service 061(c)(5)  r: BLD-03253	configuration of all buildings on the hospital campus showing how enether by retrofit or by replacement and the type of service that will 061(c)(5)  r: BLD-03253 Building Name: Brent Street Bridge  N/A  ice Provided  Nursing Surgical Pediatric/Adol escent Clinical Lab  Psychiatric Nursing Radiological/ Imaging  Obstetrical Ante/Postprtum  Dietetic  Intermediate Care	configuration of all buildings on the hospital campus showing how each building will comply nether by retrofit or by replacement and the type of service that will be provided in each gen of 1(c)(5)  T: BLD-03253	configuration of all buildings on the hospital campus showing how each building will comply with the SF teither by retrofit or by replacement and the type of service that will be provided in each general actue of 061(c)(5)  r: BLD-03253

Report	Year: 2014	11159 C	Community Mem	norial Hos	pital - San Buenaventu	Ventura		Page:49 of 66		
Include and S	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Buildi	Building Number: BLD-00589 Building Name: South Wing									
Туре	e of Service Prov	<u>rided</u>								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy		
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	ıl Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpo	atient ery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Centi	ral Plant		
	Intermediate Care	Inpatient Beds	0	Ш	Dietetic	X Nuclear Medicine	X Supp Servi	ort ces		
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

Report Yo	ear: 2014	11159	Community Me	emorial Hos	pital - San Buenave	ntura Ventura		Page:50 of 66			
	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building	Building Number: BLD-00590 Building Name: North Wing & OB/Gyn Addition										
Type of Service Provided											
XN	lursing	Inpatient Beds	15	X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X Ir	ntensiveCare	Inpatient Beds	16	X	Anesthesia						
	Pediatric/Adol scent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	F	Renal Dialysis			
P N	Psychiatric Iursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Inte/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency		Central Plant			
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X	Support Services			
s	Skilled Nursing	Inpatient Beds	0		Administration						
	otal Beds this Building		31								

Report Year:	2014 1115	Community N	Memorial Hos	spital - San Buenav	entura Ventura		Page:51 of 66			
	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number: BLD-00591 Building Name: Ambulatory Surgery & OB/Gyn Addition										
Type of Service Provided										
Nursin	g Inpatie Beds	ent 0	X	Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy			
Intensi	veCare Inpatie Beds	ent 0	X	Anesthesia						
Pediati escent	ric/Adol Inpatie Beds	ent 0		Clinical Lab	X Obstetrical Recovery	Rena	al Dialysis			
Psychi Nursin		ent 0		Radiological/ Imaging	X Newborn/ WellBaby	Outp Surg	atient ery			
Obstet Ante/P	rical Inpatie ostprtum Beds	ent 0		Pharmaceutical	Emergency	Cent	ral Plant			
Intermo Care	ediate Inpatie Beds	ent 0		Dietetic	Nuclear Medicine	X Supp Serv	oort ices			
Skilled	Nursing Inpatie Beds	ent 0		Administration						
Total E Buildin	Beds this	0								

Report	Year: 2014	11159	Community Me	emorial Hospit	al - San Buenave	ntura Ventura		Page:52 of 66			
Includand S	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Buildir	Building Number: BLD-00592 Building Name: E.R. Addition										
Type of Service Provided											
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy			
	IntensiveCare	Inpatient Beds	0	A	nesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ maging	Newborn/ WellBaby	Outpa Surge				
	Obstetrical Ante/Postprtum	Inpatient Beds	0	_ P	Pharmaceutical	X Emergency	Centi	al Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Servi	ort ces			
	Skilled Nursing	Inpatient Beds	0	A	dministration						
	Total Beds this Building		0								

Report	Year: 2014	11159	Community Me	emorial Hospita	I - San Buenave	entura Ventura		Page:53 of 66		
Includand S	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building Number: BLD-00593 Building Name: Emergency Generator Building										
Type of Service Provided										
	Nursing	Inpatient Beds	0	Su	urgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy		
	IntensiveCare	Inpatient Beds	0	Ar	esthesia					
	Pediatric/Adol escent	Inpatient Beds	0	CI	nical Lab	Obstetrical Recovery	Rena	al Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		adiological/ aging	Newborn/ WellBaby	Outp Surg	atient ery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Pr	armaceutical	Emergency	X Cent	ral Plant		
	Intermediate Care	Inpatient Beds	0	∐ <sub>Di</sub>	etetic	Nuclear Medicine	Supp Serv			
	Skilled Nursing	Inpatient Beds	0	Ac	Iministration					
	Total Beds this Building		0							

Report	Year: 2014	11159	Community Me	emorial Hospital - San Buenav	ventura Ventura	Page:54 of 66					
Includ and S	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Buildir	Building Number: BLD-03250 Building Name: E.R. Addition Bridge										
Type of Service Provided											
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
	IntensiveCare	Inpatient Beds	0	Anesthesia							
	Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
	Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant					
	Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services					
	Skilled Nursing	Inpatient Beds	0	Administration							
	Total Beds this Building		0								

Report Y	'ear: 2014	11159	Community Me	emorial Hosp	oital - San Buenave	ntura Ventu	ra		Page:55 of 66		
Include and SP	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building	Building Number: BLD-03251 Building Name: Service Building										
Type of Service Provided											
	Nursing	Inpatient Beds	0		Surgical		etrical arean/Deliv		ehabilitation nerapy		
_ ı	ntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		etrical overy	R	enal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	New Well	born/ Baby		utpatient urgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Eme	rgency	X C	entral Plant		
	ntermediate Care	Inpatient Beds	0	Ш	Dietetic	Nucl Medi			upport ervices		
	Skilled Nursing	Inpatient Beds	0		Administration						
	Γotal Beds this Building		0								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Building Number: BLD-03252 Building Name: Bridge Addition										
Type of Service Provided										
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
IntensiveCare	Inpatient Beds	0	Anesthesia							
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant					
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services					
Skilled Nursing	Inpatient Beds	0	Administration							
Total Beds this Building		0								

Report	Year: 2014	11159	Community Me	emorial Hospital - San Bue	enaventura Ventura	Page:57 of 66					
Includ and S	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)										
Buildir	Building Number: BLD-03253 Building Name: Brent Street Bridge										
Type of Service Provided											
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
	IntensiveCare	Inpatient Beds	0	Anesthesia							
	Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis					
	Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutic	cal Emergency	Central Plant					
	Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services					
	Skilled Nursing	Inpatient Beds	0	Administration	า						
	Total Beds this Building		0								

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:58 of 66 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00589 **Building Name:** South Wing **Building Number:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient 0 Inpatient 0 Days Bed Bed Days 0 0

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:59 of 66 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00590 North Wing & OB/Gyn Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 15 Inpatient Inpatient 0 Inpatient Inpatient Inpatient 2536 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient 382 0 Inpatient Inpatient 16 Inpatient Inpatient Inpatient 3943 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 31 31

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:60 of 66 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00591 Ambulatory Surgery & OB/Gyn Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:61 of 66 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00592 E.R. Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:62 of 66 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-00593 **Emergency Generator Building Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:63 of 66 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-03250 E.R. Addition Bridge **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:64 of 66 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-03251 Service Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:65 of 66 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-03252 **Bridge Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 11159 Community Memorial Hospital - San Buenaventura Ventura Page:66 of 66 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) BLD-03253 **Brent Street Bridge Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0